



Provider Communication

Subject: Pharmacy: April 12, 2010 Update	Priority: High
Date: April 9, 2010	Message ID: ACSBNR04092020_1

Dear Pharmacy Provider:

System Downtime:

The SXC claims processing system will be unavailable due to planned maintenance on Thursday, April 15th, between 2:30-5:30 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

Revised Covered Insulin Syringes & Pen Needles Product List: **Effective May 1st, 2010**

For a complete and current list of covered insulin syringes and pen needles (including applicable Georgia Maximum Allowable Cost (GMAC) prices) please refer to www.ghp.georgia.gov → Provider Information → Pharmacy Services Overview → View Full Text → Other Pharmacy Documents → Covered Insulin Syringes and Pen Needles.

Revised March 17, 2010

Brand Preferred Products – Exceptions To The ‘Generics Are Preferred And Mandatory’ Policy			
Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Acular ophth. soln.*	ketorolac 0.5% ophth. soln.*	Mirapex*	pramipexole*
Acular LS ophth. soln.*	ketorolac 0.4% ophth. soln.*	Optivar ophth. soln.*	azelastine ophth. soln.*
Adderall XR	amphetamine salt combination SR	Ortho-Novum 7/7/7	nortrel 7/7/7, necon 7/7/7 generic (norethindrone-ethinyl estradiol 0.5-35/0.75-35/1-35 mg-mcg)
Alkeran tabs	melphalan tabs	Ortho Tri-cyclen Lo	tri-lo sprintec
Alphagan-P 0.15% ophth. soln.*	brimonidine 0.15% ophth. soln.*	Paxil CR	paroxetine SR
Altace caps	ramipril caps	PhosLo	calcium acetate caps
Augmentin susp. 250/5ml	amoxicillin/clavulanate susp. 250/5ml	Prograf	tacrolimus
Axid soln.*	nizatidine soln.*	Proscar	finasteride
Benzaclin gel 1-5%	clindamycin phosphate-benzoyl peroxide 1-5%	Pulmicort inhalation susp.	budesonide inhalation susp.
Catapres TTS patch	clonidine patch	Razadyne/Razadyne ER	galantamine/galantamine er
Cortrosyn*	cosyntropin*	Seromycin	cycloserine
Corzide	nadolol/bendroflumethiazide	Starlix	nateglinide
Cosopt ophth. soln.	dorzolamide-timolol ophth. soln.	Subutex*	buprenorphine*
Cytomel	liothyronine	Tobradex ophth. susp.	tobramycin-dexamethasone ophth. susp.
Depakote DR/sprinkles	divalproex DR/sprinkles	Topamax sprinkles	topiramate sprinkles
Diamox	acetazolamide	Trileptal susp.*	oxcarbazepine susp.*
Dovonex soln.	calcipotriene soln.	Trusopt ophth. soln.	dorzolamide ophth. soln.
Duragesic**	fentanyl patches**	Urso tabs	ursodiol tabs
Kenalog-10,-40 inj.	triamcinolone acetonide inj. 10mg/ml, 40mg/ml	Valtrex*	valacyclovir*

Brand Preferred Products – Exceptions To The ‘Generics Are Preferred And Mandatory’ Policy

Preferred (Brand)	Non-Preferred (Generic)	Preferred (Brand)	Non-Preferred (Generic)
Lopressor HCT	metoprolol/HCTZ	Vibramycin oral susp.	doxycycline oral susp.
Loprox gel	ciclopirox gel	Wellbutrin XL 150mg	bupropion/budeprion XL 150mg
Lotrel	amlodipine/benazepril	Zosyn 4-0.5GM	piperacillin sodium-tazobactam sodium 4-0.5GM
Marinol	dronabinol		
*new additions to list **effective 04/01/10, fentanyl is preferred			

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Non-Preferred Brands And Generics			
Non-Preferred (Brand)+	Non-Preferred (Generic)+	Non-Preferred (Brand)+	Non-Preferred (Generic)+
Aceon	perindopril^	Nasarel	flunisolide
Actiq	fentanyl citrate	Oxycontin	oxycodone ER
Activella	estradiol/norethindrone	Prenatal Vitamins w/DHA (brand)**	Prenatal Vitamins w/DHA (generic)**
Adoxa/Monodox	doxycycline monohydrate	Prevacid	lansoprazole^
Clozaril	clozapine	Prilosec	omeprazole
Colazal	balsalazide	Protonix	pantoprazole
Duoneb	ipratropium/albuterol neb.	Salkera**	salicylic aer 6%**^
Fibricor	fenofibric acid	Sarafem	selfemra
Inspra	eplerenone	Solodyn	minocycline SR
Iopidine 0.5%	apraclonidine 0.5%^	Sular	nisoldipine
Isopto Carpine	pilocarpine ophth.	Ultralytic 2	Uramaxin 2% foam
Kytril	granisetron	Ultram ER**	tramadol er**
Lamictal kits (immediate-release)	lamotrigine kits (immediate-release)	Uramaxin gel 45%	urea nail gel 45%
Lofibra	fenofibrate	Voltaren ophth. soln.	diclofenac ophth. soln.^
Loprox shampoo**	ciclopirox shampoo**	Xopenex neb 1.25/0.5	levalbuterol neb 1.25/0.5^
Mobic	meloxicam susp.*	Yasmin	ocella
Neobenz	Pacnex (benzoyl peroxide)		
<p>^If a PA is authorized, the brand product is preferred.</p> <p>*meloxicam tabs are preferred</p> <p>**new additions to list</p> <p>+In general, PA is required for most Non-Preferred Brands and Non-Preferred Generics.</p>			



Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance
Pharmacy Services Unit
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